


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747429 (9)
1. Corporation Name
GOVERNOR'S SQUARE MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 APALACHEE PARKWAY TALLAHASSEE FL 32301	1500 APALACHEE PARKWAY TALLAHASSEE FL 32301

REINSTATEMENT 97
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1500 APALACHEE PKWY Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE FL Zip 24 32301 Country 25	2a. Mailing Address 26 C/O TRC Suite, Apt. #, etc. 27 PO Box 4800 JFA Flr City & State 28 COLUMBIA MD Zip 29 21044-7800 Country 30 Howard	4. FEI Number 59-1983081 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITZ, ERIC E.
1500 APALACHEE PARKWAY
TALLAHASSEE FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Eric E. Litz SECRETARY DATE 10-20-97
Signature, typed or printed name of registered agent, use if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITZ, ERIC E.	1.2 NAME	000002340670-5
STREET ADDRESS	1500 APALACHEE PKWY	1.3 STREET ADDRESS	-11/06/97--01098--018
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, MORRIS S.	2.2 NAME	
STREET ADDRESS	1500 APALACHEE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, KARYN	3.2 NAME	
STREET ADDRESS	1500 APALACHEE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, ED	4.2 NAME	
STREET ADDRESS	1500 APALACHEE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eric E. Litz SIGNATURE REQUIRED

Howard S. P... 102247 850-8226015

CR2E037 (4/97)